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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

		Application Number	10/743201
		Filing Date	Dec 22, 2003
		First Named Inventor	Parankiranathan, Kiritharan
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	1	Attorney Docket Number	LPD092603USNP

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Express Mail ER 941755782 US	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Markets, Patents & Alliances LLC
Signature	
Date	June 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Type or printed name	Mark Nowotarski
Signature	
	Date
	June 2, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PRELIMINARY AMENDMENT AND
POWER OF ATTORNEY

Title of Invention:

Method of Calculating Premium Payment to Cover the Risk Attributable to Insureds
Surviving a Specified Period

Inventor Name:

Kiritharan Parankiranathan

New Docket:

LPD092603USNP

Old Docket:

LECPRV1

Application Number:

10/743201

Filing Date:

12/22/2003

Agent:

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Dear Examiner,

Power of Attorney

Regarding the above application 10/743,201, I, Mark Nowotarski, Reg. No. 47,828, am now the sole agent of record. A signed copy of the Power of Attorney form (PTO/SB/81) from the inventor is attached. All communication should be directed to the address above. The new docket number for the case is LPD092603USNP.

Preliminary Amendment

Prior to examination of the above-referenced application, please amend the claims as follows: